Application or Docket Number

	С	LAIMS AS	(Column 1)	ART I	(Column	2)	SMALL TYPE	ENT	1 TY] (OŘ _	OTHER SMALL	ENTI'	ſΥ
OTAL CLAIMS			\/				RAT	E	FEE		RATE	FE	E_
		NUMBER FILED		NUMBER EXTRA		BASIC	BASIC FEE 370.		OR BASIC FEE		740	740.00	
OR			· · · · · · · · · · · · · · · · · · ·				X\$ 9	<u>,</u>		OR	X\$18=		
OTAL CHARGEABLE CLAIMS			minus 20=		*			X42=		V04-		1	
DEPENDENT CLAIMS			minus 3 =				X42	-		OR		+-	
	LE DEPEND						+14	0=		OR	+280=	 	
If the	difference in	column 1 is	less than zer	ro, ente	er "0" in colu	ımn 2	TOT	AL		OR	TOTAL		
			AMENDED		RT II		CM	NIL F	NTITY	OR	OTHE	ENT	TTY
		(Column 1)		(Coli	umn 2) (C	Column 3)	31417		ADDI-	1			DDI-
		CLAIMS REMAINING AFTER		NU PRE\		PRESENT EXTRA	RA	TE	TIONAL FEE		RATE		ONAI FEE
		AMENDMENT	Minus	**		=	X\$	9=		OR	X\$18	=	
ž 📖		*	Minus	***		=	X4	12=		OR	X84=		
AM In	dependent	* NTATION OF	MULTIPLE DE	PENDE	NT CLAIM			40		OR	+280	=	
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		(Column 1)		7	(Column 3)	h		ADDI-	٦		T	ADD
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MENT		AFTER AMENDME	NT NT		AID FOR		1 -		FEE	٦,	X\$1	8=	
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	- 16 W - 3	(Column		((Column 2) HIGHEST				ADD				AD TIO
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AMENDMENT C	Independen	t *	Minus OF MULTIPLE	DEPEN		М	コト	A42-		ᅱ`		280=	一

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.